

APPENDIX C - STANDARD CLEARANCE FORMS

This appendix contains example forms to be used in completing lead hazard control clearance activities. These forms are adapted from those presented in the HUD guidelines. These forms include:

- Figure C-1 Lead Hazard Control Visual Clearance Form 1
- Figure C-2 Lead Hazard Control Clearance Dust Sampling Form 2 (single-surface sampling)
- Figure C-3 Lead Hazard Control Clearance Soil Sampling Form 3 (composite sampling)
- Figure C-4 Chain-of-Custody Form For Lead Clearance Inspection

EP 1110-1-29

FORM 1

31 Aug 01

LEAD HAZARD CONTROL VISUAL CLEARANCE FORM

Installation: _____ POC: _____

Address: _____ City: _____ State: _____ Housing Group: _____

Abatement Method/Treatment: _____

Date/Time
Cleanup Completed: _____ Date/Time
Inspection Initiated: _____

Check if repeat clearance inspection: _____ Date of initial inspection: _____

Lead Hazard Control Contractor Name: _____

Address: _____

Telephone Number: _____

Room Name and Number	List all building components required to be treated in each room	Work on each component completed (yes or no)	Visible paint chips/waste or debris seen (yes or no)	Visible settled dust seen (yes or no)	Additional work required

Exterior soil _____ Treated _____ Not treated

If treated, is bare soil present? _____ Yes _____ No

Was contaminated soil removed? _____ Yes _____ No

Is additional soil treatment required? _____ Yes _____ No

NOTES:

Name of Risk Assessor (print): _____

Certification Number(s): _____

Signature: _____ Date: _____

Figure C-1: Lead Hazard Control Visual Clearance Form

FORM 2 EP 1110-1-29
LEAD HAZARD CONTROL CLEARANCE DUST SAMPLING FORM 31 Aug 01
 (Single-Surface Sampling)

Installation: _____ POC: _____

Address: _____ City: _____ State: _____ Housing Group: _____

Date/Time _____ Date/Time _____

Cleanup Completed: _____ Inspection Initiated: _____

Component: _____

Clearance Categories: _____

Abatement Method: _____

Sample ID #	Room Name and Number	Surface (floor, interior window sill, window trough, etc.)	Smooth? (yes or no)	Substrate	Length (inches)	Width (inches)	Area (ft ²) (may be completed by lab)	Lab Results (µg/ft ²) (may be completed by lab)	Units	Above Action Level? (yes or no)
									µg/ft ²	
									µg/ft ²	
									µg/ft ²	
									µg/ft ²	
									µg/ft ²	

Total number of samples on this page: _____

Date/Time of sample collection: _____ Date sent to lab: _____

(Note: Attach a Copy of the Chain-of-Custody Form to this Form. See Lab Report for QA/QC Information.)

NOTES:

 Name of Risk Assessor (print): _____

Certification Number(s): _____
 (EPA, State, as applicable)

Signature: _____ Date: _____

Figure C-2: Lead Hazard Control Clearance Dust Sampling Form

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FORM 3

31 Aug 01 LEAD HAZARD CONTROL CLEARANCE SOIL SAMPLING FORM
(Composite Sampling)

Installation: _____ POC: _____

Address: _____ City: _____ State: _____ Housing Group: _____

Date/Time _____ Date/Time _____

Cleanup Completed: _____ Inspection Initiated: _____

Sketch a soil sampling plot plan. Indicate sample locations. Collect only the top 1 inch of soil.

Sample ID#	Location	Bare or Covered	Lab Results	Units	High Contact? (yes or no)
				µg/g (ppm)	
				µg/g (ppm)	
				µg/g (ppm)	
				µg/g (ppm)	
				µg/g (ppm)	
				µg/g (ppm)	
				µg/g (ppm)	
				µg/g (ppm)	
				µg/g (ppm)	
				µg/g (ppm)	

Total number of samples on this page: _____

Date/Time of sample collection: _____ Date sent to lab: _____

(Note: Attach a Copy of the Chain-of-Custody Form to this Form. See Lab Report for QA/QC Information.)

NOTES:

Name of Risk Assessor (print): _____

Certification Number(s): _____

(EPA, State, as applicable)

Signature: _____ Date: _____

Figure C-3: Lead Hazard Control Clearance Soil Sampling Form

FORM 4
CHAIN OF CUSTODY FORM
FOR LEAD CLEARANCE INSPECTION

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31 Aug 01

Page _____ of _____

Project Name _____ Project Number _____					Sample Preparation/Analysis Required (check the appropriate box)					
Installation _____ Project Manager _____ Company Name _____ Company Address _____ Phone _____					ASTM E1644	ASTM E1645	ASTM E1726	ASTM E1979	ASTM E1613	Other (specify)
Sample ID	Sample Date	Time	Sample Matrix (wipe, paint chip, soil, other)	Laboratory ID						
Sampler: _____ Signature _____ Printed Name/Certification Number _____ Company Name _____ Date/Time _____		1. Released by: _____ Signature _____ Printed Name _____ Company Name _____ Date/Time _____		2. Received by: _____ Signature _____ Printed Name _____ Company Name _____ Date/Time _____		<u>Special Instructions/Comments:</u> 				

Figure C-4: Chain of Custody Form For Lead Hazard Clearance Inspection